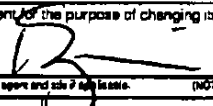
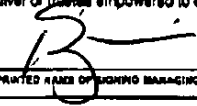


Jul. 7. 2008 2:54PM

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90074 042 ***138.75

DOCUMENT # L07000016591			
1. Entity Name CARMEL AND BERKOWITZ DPM, LLC			
Principal Place of Business 4300 ALTON ROAD SUITE #2020 MIAMI BEACH, FL 33140		Mailing Address 4300 ALTON ROAD SUITE #2020 MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box # 4308 Alton Rd		3. Mailing Address 4308 Alton Rd	
Suite, Apt. #, etc. 840		Suite, Apt. #, etc. 840	
City & State Miami Beach FL		City & State Miami Beach FL	
Zip 33140		Country	
4. FE Number 74-1941024		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUM, IRA DPM 8840 N KENDALL DR SUITE 801-E MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Thomas Zwick DPM Street Address (P.O. Box Number is Not Acceptable) 8200 NW 27 St Suite 108 City Doral FL Zip Code 33122	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/9/08 (Signature, typed or printed name of registered agent and s/s # are in bold. (NOTE: Registered Agent signature required when reappointing.)			
FILE NOW!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM FLORIDA FOOT & ANKLE ASSOCIATES, LLC 9350 SO DIXIE HWY PH II MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP 8200 NW 27 Street + Suite 108 Doral, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 7/9/08 (Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)			

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07072008 Chg-LLC CR25083 (12/08)